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CONFIRMATION NO. 5752

SERIAL NUMBER 10/535,173	FILING OR 371(c) DATE 05/16/2005 RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. 0518-1149	
APPLICANTS Claude Mialhe, Draguignan, FRANCE; ** CONTINUING DATA ***** This application is a 371 of PCT/FR03/50092 10/15/2003 ** FOREIGN APPLICATIONS ***** FRANCE 02/14287 11/15/2002 <div style="text-align: center;">** SMALL ENTITY **</div>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY FRANCE	SHEETS DRAWING 3	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
ADDRESS 466					
TITLE Occlusive device for medical or surgical use					
FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		